

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13702**

FILED MAY 12 1953

BIRTH NO. _____ REG. DIST. NO. **83** PRIMARY REG. DIST. NO. **4145** Registrar's No. **5**

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WRITE PLAINLY—USING UNFADING SEDALIA MISSOURI PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Cooper			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Prarie Home		c. LENGTH OF STAY (In this place) 2 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Knob Noster, Missouri		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) 0510		
3. NAME OF DECEASED (Type or Print) a. (First) IRA b. (Middle) G. c. (Last) BARTON			4. DATE OF DEATH (Month) (Day) (Year) May 3, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH Dec. 7, 1874	9. AGE (In years) (Month) (Day) (Year) 78	10. UNDER 1 YEAR (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Dentist		10b. KIND OF BUSINESS OR INDUSTRY Own	11. BIRTHPLACE (State or foreign country) Jacksontown, Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME S.P. Barton		13b. MOTHER'S MAIDEN NAME Eliza Ann		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS J.W. Greer, Knob Noster, Missouri	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crownary occlusion ANTECEDENT CAUSES DUE TO (b) Diabetes Mellitus DUE TO (c) Hemoptysis from pulmonary tuberculosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 260X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-3-53 , 19 53 , 10 July , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:00 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE W. B. Stow (Degree or title) M.D.			23b. ADDRESS Boonville, Mo.		23c. DATE SIGNED 5-3-1953
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/6/1953	24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery		24d. LOCATION (City, town, or county) (State) Sedalia, Missouri
DATE REC'D BY LOCAL REG. 5/7/53		REGISTRAR'S SIGNATURE U.T. Meredith 442		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. B. Stow Sedalia, Mo.	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address Sedalia, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.